



**This is not an electronic submission.**

Please submit completed forms via  
email to [chinds@kennesaw-ga.gov](mailto:chinds@kennesaw-ga.gov)  
or fax to 770-429-4559 or in person.

City of Kennesaw  
2529 J.O. Stephenson Avenue  
Kennesaw, GA 30144  
770-424-8274  
770-429-4559 Fax  
[www.kennesaw-ga.gov](http://www.kennesaw-ga.gov)

### APPLICATION FOR PRECIOUS METAL LICENSE

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Name and Address of Business \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Zoning of Property \_\_\_\_\_

☐ Corporation\* ☐ LLC\* ☐ Sole Proprietorship ☐ Partnership\*\* ☐ LLP\*\*

\*Copy of Corporation Certificate and Articles of Corporation must be provided

If partnership, list names and addresses of each partner.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any employee or stockholders owning 10% or more shares been convicted of a felony under the laws of the State of Georgia or any other state within the past 10 years?

\_\_\_\_\_

If so, explain \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such answers were made in order to procure the granting of such a license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\*To be completed by the licensee, spouse of licensee, owner/shareholder, and partners with 20% or more shares and their spouses. Submit copy of driver's license or state issued identification.

## CONSENT FORM

I HEREBY AUTHORIZE THE CITY OF KENNESAW POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD AND OR DRIVERS HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN THE STATE OF GEORGIA FOR THE PURPOSE OF OBTAINING A PRECIOUS METAL LICENSE FOR:

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NAME OF ESTABLISHMENT

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FULL NAME (PRINTED)

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ADDRESS

---

SEX

RACE

DOB

SOCIAL SECURITY NO.

---

SIGNATURE OF APPLICANT

---

DATE

---

NOTARY

---

DATE



City of Kennesaw  
2529 J.O. Stephenson Avenue  
Kennesaw, GA 30144  
770-424-8274  
770-429-4559 Fax  
www.kennesaw-ga.gov

## APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

This application must be filled out completely to obtain a business license. Please print legibly with ink or type.

**Note: Any information and/or documents provided in this application that are exempt from disclosure to third parties under O.C.G.A. 50-18-72 will be held confidential.**

### BUSINESS INFORMATION

This business is: ( ) NEW ( ) CHANGE OF OWNERSHIP ( ) CHANGE OF NAME OR ADDRESS

The business is zoned: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Business Name (Doing Business As): \_\_\_\_\_

Address: \_\_\_\_\_

Street Address APT/STE City/State Zip

Mailing Address (if different) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

State Identification number \_\_\_\_\_ (Required) Federal Identification number \_\_\_\_\_

Describe in detail the nature of the business: \_\_\_\_\_

Estimated Gross Receipts for the remainder of this calendar year \$ \_\_\_\_\_

Number of Employees at this location \_\_\_\_\_ (Sole owner/operators)

Number of Independent Contractors at this location \_\_\_\_\_

Have you had any other businesses before? Yes \_\_\_ No \_\_\_ If so, please explain what kind and where?

### OWNER INFORMATION

Type of Ownership: ( ) Sole Proprietorship ( ) Corporations/LLC \* ( ) Partnership/LLP

**\*\*Corporations must be active in compliance and provide a copy of the Corporate Certificate. \*\***

#### **OWNER INFORMATION MUST REFLECT THE TYPE OF OWNERSHIP:**

Corporate/Partnership Name: \_\_\_\_\_

Sole Proprietor Name: \_\_\_\_\_

Effective Date \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Street Address Apt/Ste City/State Zip

SSN: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*If the business is corporate owned or a partnership, complete Corporate Officers/Partners section on next page.

**CORPORATE OFFICERS/PARTNERS**

**President/Partner Full Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

\_\_\_\_\_

**% of Ownership** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street Address	Apt/Ste	City/State	Zip
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**Phone:** (     ) \_\_\_\_\_ **SSN/EIN:** \_\_\_\_\_

**Vice President/Partner Full Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

\_\_\_\_\_

**% of Ownership** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street Address	Apt/Ste	City/State	Zip
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**Phone:** (     ) \_\_\_\_\_ **SSN/EIN:** \_\_\_\_\_

**Treasurer/Partner Full Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

\_\_\_\_\_

**% of Ownership** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street Address	Apt/Ste	City/State	Zip
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**Phone:** (     ) \_\_\_\_\_ **SSN/EIN:** \_\_\_\_\_

Person completing application, if other than owner:

**Applicant Name:** \_\_\_\_\_ (     ) Owner (     ) Member/Partner (     ) Other \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that the facts stated by me are true and correct. I understand any misrepresentation or fraudulent information is grounds for automatic dismissal of this application and or revocation of the license. I understand that all signs displayed on my premise must be approved and permitted by the City of Kennesaw, Planning and Zoning Department. I also understand that my business must be operated in compliance with all applicable state, federal and local law, ordinances, and regulations; and that the granting of this license or payment of this occupation tax does not waive any rights of any state, federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition I understand my business location must conform to all zoning rules and regulations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name & Title:** \_\_\_\_\_

**Office Use Only**

**Acct:** \_\_\_\_\_ **SIC:** \_\_\_\_\_ **State Issued ID #** \_\_\_\_\_ **exp.** \_\_\_\_\_

**Tax/Fee \$** \_\_\_\_\_ **Penalty** \_\_\_\_\_ **Interest** \_\_\_\_\_ **Total Dues \$** \_\_\_\_\_

**Property Tax \$** \_\_\_\_\_ **Utility Billing \$** \_\_\_\_\_ **Date** \_\_\_\_\_

**Method of Payment:** Cash    Check    M/C    Visa    Money Order    ck/receipt# \_\_\_\_\_





COMMUNITY DEVELOPMENT  
BUILDING SERVICES DEPARTMENT  
PHONE: (770) 429-4554 FAX: (770) 429-4548

### OCCUPANCY PERMIT APPLICATION

**This permit does not allow changes to structure or construction work being done that would require permits (plumbing, heating, electrical, building, etc) by a licensed Contractor.**

**FEE: \$25.00**

Permit # \_\_\_\_\_

HPC/COA Approval - Date (If Applicable): \_\_\_\_\_

Received date/by \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: OFFICE \_\_\_\_\_ HOME \_\_\_\_\_

DETAILED NATURE OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBDIVISION OR PARK \_\_\_\_\_

SQUARE FOOTAGE \_\_\_\_\_ LAND LOT/PARCEL \_\_\_\_\_ ZONING \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

OWNER'S PHONE \_\_\_\_\_

#### REQUIREMENTS FOR PERMIT:

**Note: Turn in Business License Application when beginning this process to ensure that everything will be ready after inspections.**

- 1. YOU MUST COME IN TO THE ZONING DEPARTMENT FIRST** TO MAKE SURE YOUR BUSINESS MEETS REQUIREMENTS FOR THE LOCATION (Site plan verifying parking may be required) AND THAT NO SPECIAL PERMITS ARE NEEDED. \_\_\_\_\_ INL BY ZONING DEPT. UPON APPROVAL
- 2. CALL THE COBB COUNTY FIRE MARSHALL'S OFFICE AT 770-528-8310 TO MAKE AN APPOINTMENT** TO TAKE FOUR COPIES OF THE FLOOR PLAN DRAWING OF THE SPACE TO THEM FOR APPROVAL AND FOR FURTHER INSTRUCTIONS ON THEIR REQUIREMENTS.
- 3. FOR ANY FOOD SERVICE, WE WILL NEED THE COBB DEPARTMENT OF PUBLIC HEALTH/ENVIRONMENTAL HEALTH** TO OBTAIN AN INSPECTION REPORT. YOU CAN CONTACT THEM AT **770-435-7815**. (You may also need to contact the Department of Agriculture at 404-656-3627).
- 4. BRING COPY OF THE FLOOR PLAN STAMPED & APPROVED BY THE FIRE DEPT., OCCUPANCY PERMIT APPLICATION AND \$25.00 PERMIT FEE TO THE KENNESAW BUILDING SERVICES DEPT.** A PERMIT NUMBER WILL BE ASSIGNED.
- 5. SET UP DATE FOR ONSITE INSPECTION BY THE BUILDING DEPT AND THE COBB COUNTY FIRE DEPT (THE FIRE DEPARTMENT WILL NEED YOUR PERMIT NUMBER).**
- 6. ONCE THE FIRE DEPT HAS ISSUED A RELEASE AND THE BUILDING INSPECTOR HAS APPROVED THE STRUCTURE, A CERTIFICATE OF OCCUPANCY IS ISSUED WITHIN 2 BUSINESS DAYS. CALL 770-424-8274 OR 770-429-4554 TO VERIFY WHEN CO AND BUSINESS LICENSE WILL BE AVAILABLE FOR PICKUP.**



State of Georgia  
**Department of Revenue**  
1800 Century Boulevard  
Atlanta, Georgia 30345

**Official Addendum to Business Occupancy License Application**

**Required Fields**

**Name of Business (Legal Name or Trade Name):**

**Mailing Address if Different From the Physical Address:**

**Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:**

**Sales Tax ID #, if Your Business is Required to Have One by Law:**

**Applicable North American Industry Classification System Code Number (Please list all NAICS):**

**NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6758 or e-mail [David.Smith@dor.ga.gov](mailto:David.Smith@dor.ga.gov).

*An Equal Opportunity Employer*





***Affidavit Verifying Status  
For City of Kennesaw***

By executing this affidavit under oath, as an applicant for a City of Kennesaw Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Kennesaw, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for:

**[INSERT PERSON APPLYING AND BUSINESS NAME]:**

- 1) \_\_\_\_\_ I am a United States Citizen  
**OR**  
2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. \*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Notary Public \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens

\*Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number: \_\_\_\_\_





## Welcome to the City of Kennesaw

Starting a new business can be a very exciting but stressful time. The City of Kennesaw would like to take the opportunity to welcome you as a new business owner and to do everything possible to make your grand opening an enjoyable event.

If you are interested in holding a ribbon cutting to celebrate the grand opening of your new business, please indicate below and return this form to Wanda A. Steele in Economic Development. (Phone: 770-794-7075; Fax: 770-429-4548; or email: [wsteele@kennesaw-ga.gov](mailto:wsteele@kennesaw-ga.gov))

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

I would be interested in having a ribbon cutting on:

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

Would you like for the City of Kennesaw to send a press release to local media about your business opening?

YES \_\_\_\_\_ NO \_\_\_\_\_

Please describe your business (what type product or service, company history, other locations, contact info, website):

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Hours of business: (days, hours open): \_\_\_\_\_

Any special information (opening sales, open house, etc.): \_\_\_\_\_

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BUSINESS NAME	TYPE OF BUSINESS
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STREET NUMBER & NAME	SUITE #	ZIP CODE
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BUSINESS TELEPHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

OWNER'S NAME HOME PHONE NUMBER PAGER OR CELL NUMBER

1.	NAME	TITLE/POSITION	HOME NUMBER	PAGER OR CELL #
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2.	NAME	TITLE/POSITION	HOME NUMBER	PAGER OR CELL #
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3.	NAME	TITLE/POSITION	HOME NUMBER	PAGER OR CELL #
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IF SO, WHAT TYPE OF ALARM SYSTEM?      AUDIBLE      OR      SILENT

IS THE ALARM SYSTEM FOR NOTIFICATION OF: BURGLARY FIRE OR HOLD-UP

DOES AN ALARM COMPANY RECEIVE THIS ALARM SIGNAL TO NOTIFY POLICE OR FIRE?

IF SO, LIST THE ALARM COMPANY'S NAME AND 24-HOUR TELEPHONE NUMBER.

DOES YOUR BUSINESS HAVE A WATCHDOG OR GUARD DOG?      YES      OR      NO

IF SO, LIST NUMBER OF DOGS AND TYPE OF DOG.

DOES YOUR BUSINESS HAVE A SECURITY GUARD OR WATCHMAN? YES OR NO

IF SO, LIST THE NUMBER OF GUARDS, SECURITY COMPANY NAME AND PHONE NUMBER.

DO YOU LEAVE ON ANY **INTERIOR OR EXTERIOR LIGHTS** AFTER HOURS? **YES OR NO**

IF SO, LIST LOCATION WHERE THE LIGHTS ARE LEFT ON. \_\_\_\_\_

DO YOU HAVE ANY **ADDITIONAL SECURITY**? **YES OR NO**

IF SO, PLEASE LIST THIS INFORMATION. \_\_\_\_\_

ARE THERE ANY **FLAMMABLE, HAZARDOUS, DANGEROUS OR TOXIC MATERIALS** STORED ON THE PROPERTY WHERE YOUR BUSINESS IS LOCATED? **YES OR NO**

IF YES, LIST THE NAME OF THE SUBSTANCE AND APPROXIMATE QUANTITY.  
PLEASE PROVIDE A COPY OF **M.S.D.S.** FOR EACH PRODUCT LISTED.

	<b>MATERIAL</b>	<b>QUANTITY</b>	<b>CONTAINER TYPE</b>	<b>MSDS#</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Mail to: City of Kennesaw 911 2529 J.O. Stephenson Avenue Kennesaw, Ga. 30144 Attn: Bobbie Duke  
Fax number 678.385.0166

**The information you have provided is strictly confidential and will remain in the 9-1-1 Center. This information will be used to assist Police & Fire Personnel in the event an incident occurs on your property.**

10/25/2011

## ARTICLE VI – DEALERS IN PRECIOUS METALS AND GEMS

### **Secs. 22-141. – Provisions incorporated by reference.**

The provisions of O.C.G.A. §§ 43-37-1 through 43-37-7 on the subject of dealers in precious metals and gems are by this reference incorporated herein and made a part of this Code in as full and complete a manner and with like effect as if set out in full in this article.

### **Secs. 22-142—22-160. - Reserved.**

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#### FOOTNOTE(S):

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<sup>(23)</sup> **State Law reference—** Duties of purchasers of gold bullion, gold dust, etc., O.C.G.A. § 12-4-120 et seq.; dealers in precious metals and gems, O.C.G.A. § 43-37-1 et seq.; dealers in used watches, O.C.G.A. § 43-49-1 et seq.